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Attorney's Docket 071469-0305807
Client Reference: PC0269A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of:
STEVEN T. FINK, ET AL.

Confirmation No: 3533

Application No.: 10/705,225

Group Art Unit: 1763

Filed: November 12, 2003

Examiner: Jeffrie Lund

Title: METHOD AND APPARATUS FOR IMPROVED ELECTRODE PLATE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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UNDER 37 C.F.R. §1.8**

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**REQUEST FOR CONTINUED EXAMINATION (RCE) WITH AMENDMENT AND
REQUEST FOR ONE-MONTH EXTENSION OF TIME IN RESPONSE TO
OFFICE ACTION DATED JULY 17, 2006**

PILLSBURY WINTHROP SHAW PITTMAN LLP


JEFFREY D. KARCESKI
Reg. No. 35914

Date: November 17, 2006
P.O. Box 10500
McLean, VA 22102
Telephone: (703) 770-7900
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(Certification of Facsimile Transmission—page 1)

PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **790.00****Complete if Known**

Application Number **10/705,225**
 Filing Date **November 12, 2003**
 First Named Inventor **STEVEN T. FINK**
 Examiner Name **Jeffrie Lund**
 Art Unit **1763**
 Attorney Docket No. **071469-0305807**

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**
 - 20 or HP = _____ x _____ = _____
Fee (\$) **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
 - 100 = _____ / 50 = _____ (round up to a whole number) x **250.00** = **0.00**

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **RCE****Fees Paid (\$)****790.00****SUBMITTED BY**

Signature _____ Registration No. **35914** Telephone **202.663.8403**
 Name (Print Type) **Jeffrie Lund** Date **November 17, 2006**

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 790.00

Complete if Known

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First Named Inventor	STEVEN T. FINK
Examiner Name	Jeffrie Lund
Art Unit	1763
Attorney Docket No.	071469-0305807

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☒ Deposit Account Deposit Account Number: 033975 Deposit Account Name: PILLSBURY WINTHROP SHAW PTTMAN LLP

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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- 20 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
- 3 or HP =	x	=
HP = highest number of independent claims paid for, if greater than 3.		
Extra Claims		
Fee (\$)		
Fee Paid (\$)		
Multiple Dependent Claims		
Fee (\$)		
Fee Paid (\$)		

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Total Sheets	- 100 =	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
			(round up to a whole number) x	250.00	0.00

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Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) RCE

Fees Paid (\$)

790.00

SUBMITTED BY

Signature	Registration No. 35914	Telephone 202.663.8403
Name (Print/Type) Jeffrie Karceski	(Attorney/Agent)	Date November 17, 2006

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